1 2 3/4 5	Alexsis S. Thomas 485 40 th apt 16 Oakland, CA, 94609	JAN 2 3 2018 SUSAN Y. SOONG CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA OAKLAND
6 7 8 9 10	Alexsis S. Thomas Plaintiff, vs.	C18-0502 'Cs Malicious Psychological Attack of Mother And Chili
12 13 14 15	East Bay Law Kristina Klizewski Defendant	And CHilis
17 18 19 20 21 22	DATED: January 23, 2018	Alexsis S. Thomas
24 25 26 27 28		
		- 1 -

, ' '	The Attack Of Alexsis and Jayden-Giana Thomas, Conducted by
2	remotely,Destitute individuals. Alexsis and Jayden are Victims of Malicious psychological attack conduct by many. Paul D Finley, Melanie Marie Oliver,
3	Trina Newell, Teala Holmes, Kenneth Finley Himself. Kenneth is Sterile understands within pregnancy he is not a
4	father. Malicious psychological attack indicates possibilities, And drugs.
5	Artillery involved, Kenneth , Paul, Melanie , Teala, Even Child Paul 3 rd .
6	Mom Sharon Slaton posses artillery. Possesing the Artillery Unlawful Communication Of Residence 485 40th apt 16 Street, Unlawful
7	Communication of Employers, Ransacking and theft involved. Kristina Klizewski no Longer has Mental Emotional Or physical
8	ability to perform, I would Understand. Kristina Klizewski is not competent. Kristina Kilzewski not competent within her position
9	or not competent within implied Contract, Mental Health By Use Of Drugs forced Illegal Placement of Child
10	Kristina Klizewski said Shut- Up To I Alexis S Thomas In juvenile dependency court as. Kristina Klizewski
11	Continued to Use Word Kill, within court. As in I Alexsis is Threatening with Word Kill Within Drug Use Drug Habits drug
12	dependency. Severe psychological attack of mother and child upon revalation,
13	Of aggravated assaults and attacks, I ask Her to remove herself she refused non competent to
14	continue. Oakland incident 17-046193
15	I have been threatened and attacked within Illegal Placement of my kid Jayden. 17-0999
16	Internal Affairs ,
17	242 PC Battery Citation 2038796 Malicious attack indicates I have abandoned as Psychological
18	Treatment is Severe Assault , inhumane Arise as well as sex scandals.
19	Malicious Attack Indicates Suicidal I have Not Been, Malicious Attacks indicate Drug Use, Testing return Negative I have no
20	Drug Dependancy No Drug Habits. We are indicating within Termination of parental rights
21	Within drug use, Termination of parental rights caused by mental illness and drug use as testing return negative.
22	Intentional failure to act competently. JM-028361-01
23	
24	

- 2 -

						,			
Form 14039 (April 2017)			y - Internal Rev eft Affic			OMB Number 1545-2139			
Complete this form if you need the IRS to mark an account to identify questionable activity.									
Section A - Check the f	following boxes in this section t	hat apply	to the specifi	c situation y	ou are reporting (R	equired for all filers)			
1. I am submitting to	his Form 14039 for myself								
 Please provide 	e is submitted in response to a 'No e 'Notice' or 'Letter' number(s) on t box 1 in Section B and see specia	he <u>line to 1</u>	the right		everse side of this for	m.			
 Please complete Caution: If filing 	his Form 14039 on behalf of my 'd te Section E on reverse side of th ng this on behalf of your 'depender revent the victim in Section C belone	is form. nt child or d	ependent rela	ative', filing th					
	his Form 14039 on behalf of anoth te Section E on reverse side of th		other than my	/ dependent (child or dependent re	elative)			
Section B – Reason For	r Filing This Form (Required)	. 8							
	ollowing boxes that apply to the pe	erson listed	in Section C	below.					
	my information to file taxes					2			
	omeone used my information to								
	anation of the identity theft issue, additional information and/or page			12 R	rige relevant dates.	lovemBe			
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Section C - Name and C	Contact Information of Identity T	heft Victin	n (Promised)						
/ictim's last name	First name	THEIR WICH	ii (required)	Middle T	axpayer Identificat	ion Number			
HOMAS	ALEX	SIS	5		Please provide 9-digit				
Current mailing address	s (apartment or suite number and stree	et, or P.O. B	ox) If decease	d, please pro	ovide last known add	ress			
Current city	Klanc			*	State	ZIP code 9462			
ax Year(s) you experier	nced identity theft (If not known, e	nter 'Unknov	vn' in one box t	pelow)	What is the last	year you filed a			
ddress used on last file	ed tax return (If different than 'Curre	ent')	Names used	on last filed	l tax return (If differe	nt than 'Current')			
ity (err last) tax return filed)	MONC				State	ZIP code			
7.0	area code (Optional) If deceased	10.50	dicate 'Decea	sed'	Best time(s) to c	all AUG 1 7 201/			
ome telephone number	Cell phone		310=	0/1-	-3142				
	would like to be contacted	Engl	ish [Spanish		TO CONTRACT			
	Figury Statement and Signature declare that, to the best of my knowledge to the best of the best of my knowledge to the best of the best of my knowledge to the best of my knowledge to the best of my knowledge to the best of t		nd belief, the i	nformation e	ntered on this Form	14039 is true, correct,			
	representative, conservator, pa	arent or au	ıardian	-	·	Date signed			
460	Monny	1		ş		18:17.20			

Submit this completed form to either the mailing address or the FAX number provided on the reverse side of this form.

www.irs.gov

Catalog Number 52525A

Form 14039 (Rev. 4-2017)

(April 2017)

Department of the Treasury - Internal Revenue Service

OMB Number 1545-2139

Form 14039 (Rev. 4-2017)

Form 14039 **Identity Theft Affidavit** Complete this form if you need the IRS to mark an account to identify questionable activity. Section A - Check the following boxes in this section that apply to the specific situation you are reporting (Required for all filers) 1. I am submitting this Form 14039 for myself 2. This Form 14039 is submitted in response to a 'Notice' or 'Letter' received from the IRS 2017 Please provide 'Notice' or 'Letter' number(s) on the line to the right Please check box 1 in Section B and see special mailing and faxing instructions on reverse side of this form. 3. I am submitting this Form 14039 on behalf of my 'dependent child or dependent relative' Please complete Section E on reverse side of this form. Caution: If filing this on behalf of your 'dependent child or dependent relative', filing this form will protect his or her tax account but it will not prevent the victim in Section C below from being claimed as a dependent by another person. 4. I am submitting this Form 14039 on behalf of another person (other than my dependent child or dependent relative) · Please complete Section E on reverse side of this form. Section B - Reason For Filing This Form (Required) Check only ONE of the following boxes that apply to the person listed in Section C below. 1. Someone used my information to file taxes 2. I don't know if someone used my information to file taxes, but I'm a victim of identity theft Please provide an explanation of the identity theft issue, how you became aware of it and provide relevant dates. If needed, please attach additional information and/or pages to this form. 93 Suzanne Section C – Name and Contact Information of Identity Theft Victim (Required) Taxpayer Identification Number Middle First name Victim's last name (Please provide 9-digit, Social Security Number) initjal Current mailing address (apartment or suite number and street, or P.O. Box) If deceased, please provide last known address State Current city What is the last year you filed a Tax Year(s) you experienced identity theft (If not known, enter 'Unknown' in one box below) return Names used on last filed tax return (If different than 'Current') Address used on last filed tax return (If different than 'Current') State City (on last tax return filed) Best time(s) to call Telephone number with area code (Optional) If deceased, please indicate 'Deceased' Cell phone number () Home telephone number Spanish Language in which you would like to be contacted English Section D - Penalty of Perjury Statement and Signature (Required) Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, And made in good faith. Date signed conservator parent or guardian Signature of taxpayer, or representative,

Submitthis completed form to either the mailing address or the FAX number provided on the reverse side of this form.

MAILI G 2138 65 AVE COHLAND CA
. 94621
ALAMEDA COUNTY MEDICAL CENTER Patient Complaint/Grievance
Date of Incident: 20 Pt. Name: Alexsis THOMAS
Date Reported 9-5.2017 MR# Date of Birth 1984
Time of Incident Address 48540 AP+ (Co. Circ. (DV) CI-
Contact Number S 10-477-37212 Code 94609
Campus Fairmont Highland IGP Other Priesty Describe Complaint: Please provide specific information such as names, dates, sequence of revents, etc. as possible. Attach as much additional information as is necessary.
Oll. Hospitalized, over crowding, Contamination
Ortamination, THAT is STEaling My
denity and Endangering My CHild
Sayden-THOMAS 11-21-2007.
ontamination that has conflicted
with Parental Rights Custodia
SSUES, Contamination THAT Murders
Com George MUST FALL
hat action are you requesting? REVIEW CHapts, Files
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ERRIFIEC, I Alexsis S-THOMAS ADOL
Incongered McSELF And MUCHILD
Ayten-Grana Ross Jayden-THOMAS
1 Significant Sign
Signature of Person submitting Complaint Helsel Internet
If the patient, indicate relationship:
Signature of Employee Receiving Complaint:

2	For Departmental Use Only		A CONTRACTOR OF THE CONTRACTOR	
CITIZEN CRIME REPORT	Assign To	Police Beat CP Beat	RD No.	
Oakland Police Department 455 - 7 th Street, Patrol Desk (1 st Floor)	Crime (Section-Subsection Code)	Classification	17 0000	2
Oakland, CA 94607-3985	HIS PIC	THEM	17-06331	1
		1111011)		
is this Report for Insurance Purposes Only	? 🗆 Yes 🗆 No	e. i	(*)	•
Please type or print in non-erasable black in document the incident and assist in its investig		it will serve as an Oaklar	nd Police Crime Report	which will
If a written report has already been made, ple		ov on the Citizen Addition	nal/Sunnlemental Info	rmation
form. If you desire a Report Document Number of this report before mailing.	er, call (510) 238-3021 after five (5) business days. It is re	commended that you make	ake a copy
LAST Name / First	Middle	Race	Sex Date of Birth (1)	
THUMAS Alexs	SHUM CHY	Doakland Zip	Res. Phone (
485 40th Str	eet Apt	16 946	096-0	
Bysiness S S Cwan	+ Street		Bus. Phone (.)
Do you know who is responsible? If yes Name	Address/School	esus/City/Sta		none Number
Race Sex Age Date of Birth (If Known	n) Physical Description (Height, W Scars, Tattoos, etc.)	/eight, Hair Color, Relation	onship to Victim (Relative, Boyfriend, Girifriend, Unkno	Husband,
3 11 ?	00013, 100003, 010.)			,
Date of Incident Day Time D	11 11 - 11 - 11			
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Also Known	ASTOP	to Mac	Arthu	~
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	ow Many Model and Number	Serial Number		Value
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2) aughter's SSIN		<u> </u>		
Daugnfer Bi	rth Cert	Fica	7	
Tritellect	ray Pro	Der 1,2	9	
IT IS A MISDEMEANOR	TO MAKE A FALSE REPORT OF A	CRIME (Sec. 148.5 Calif. F	Penal Code)	
Signature /	harres	Date (N	fonth/Day/Year)	7
For Departmental Use Only			The state of the s	7-111
coss (Reporting Person		Investigator's Name	Se	rial No.
Approving Supervisor	Clearance		Date Filed	

TF-862-1 (5/12) Citizen Crime Report

CITIZEN ADDITIONAL / SUPPLEMENTAL INFORMATION REPORT Oakland Police Department 455 Seventh Street, Patrol Desk (1 st Floor) Oakland, CA 94607-3956	For Departmental Use Only RD No. 17-063312
Type or Print in non-erasable black ink ADDITIONAL INFORMATION Check this box if you need more space for your report.	Original Report Date RD No. (if known)
SUPPLEMENTAL Check this box if you have previously made a WRITTEN report of the incident and wish to add information.	12-4.17
Residence Residence A D T City O Oakland Zip	Day Phone (5/0) 6 96-0-102 Night Phone ()
Address or Location Where Incident Occurred HIV SCH Elementry TVENTON	Date Occurred Time SAM
Additional/Supplemental Information FOR SESUS KNOWN FOR	
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CONFIDENTIAL - Juvenile Non-disclosure Incident Report FREMONT POLICE DEPARTMENT

170503050

Supplement No ORIG



2000 Stevenson Blvd

Fremont, California 94538

Reported Date 05/03/2017 Rpt/Incident Typ SC ROBERTS, TROY

Phone Number (510) 790-6800 Fax Number (510) 790-6831

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On 05/03/2017, at approximately 1505 hours, I took a report of a suspicious circumstance. Alexsis Thomas advised that her mother, Lisa Thomas, was using her daughter's (J1) social security number to fill out housing applications and credit cards.

I spoke to Alexsis on the phone and she told me the following in summary: Alexsis stated that she suspected Lisa was using J1's social security number to apply for credit cards and housing applications. Alexsis also stated that Lisa was putting J1 on her W-2 tax form. Alexsis explained that she believed Lisa had been deceitful to her by using J1 against her as well. Alexsis told me that J1 lives with Lisa, and Lisa has full custody of her. It should be noted, Alexsis repeatedly told me she was suspicious of Lisa but did not give any evidence to her allegations.

I spoke to Lisa on the phone and she told me the following in summary: Lisa told me she had full custody of J1.

eport Officer .4442/ROBERTS, TROY	Printed At 08/29/2017 17:44
age 1 of 5	

CONFIDENTIAL - Juvenile Non-disclosure Incident Report FREMONT POLICE DEPARTMENT

170503050

Supplement No ORIG

Summary Narrative

Lisa told me she legally adopted J1 when she was younger. Lisa stated that Alexsis is paranoid and constantly accuses her of things. Lisa told me she was getting annoyed by Alexsis accusing her over and over again. Lisa said she would seek a restraining order against Alexsis. Lisa stated that she had never used J1's social security number for housing applications or credit cards. Lisa further advised that she claims J1 as a dependent on her tax form because she is her legally guardian and parent now.

This report is for documentation only. Nothing further.

Report Officer
14442/ROBERTS, TROY

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Page 2 of 5

CONFIDENTIAL - Juvenile Non-disclosure Incident Report

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Notification:

Narrative

On 05/03/2017, at approximately 1505 hours, I took a report of a suspicious circumstance. Alexsis Thomas advised that her mother, Lisa Thomas, was using her daughter's (J1) social security number to fill out housing applications and credit cards.

I spoke to Alexsis on the phone and she told me the following in summary: Alexsis stated that she suspected Lisa was using J1's social security number to apply for credit cards and housing applications. Alexsis also stated that Lisa was putting J1 on her W-2 tax form. Alexsis explained that she believed Lisa had been deceitful to her by using J1 against her as well. Alexsis told me that J1 lives with Lisa, and Lisa has full custody of her. It should be noted, Alexsis repeatedly told me she was suspicious of Lisa but did not give any evidence to her allegations.

I spoke to Lisa on the phone and she told me the following in summary: Lisa told me she had full custody of J1. Lisa told me she legally adopted J1 when she was younger. Lisa stated that Alexsis is paranoid and constantly accuses her of things. Lisa told me she was getting annoyed by Alexsis accusing her over and over again. Lisa said she would seek a restraining order against Alexsis. Lisa stated that she had never used J1's social security number for housing applications or credit cards. Lisa further advised that she claims J1 as a dependent on her tax form because she is her legally guardian and parent now.

Report Officer 14442/ROBERTS, TROY	Printed At 08/29/2017 17:44
Page 3 of 5	

CONFIDENTIAL - Juvenile Non-disclosure Incident Report FREMONT POLICE DEPARTMENT **Narrative**

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This report is for documentation only. Nothing further.

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